

St. Clare Catholic Church  
Roseville, CA 95747  
Funeral Rites Pre-Planning Form

Name \_\_\_\_\_ Date \_\_\_\_\_  
Street Address \_\_\_\_\_ City/State \_\_\_\_\_  
Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_  
Family Contact Name \_\_\_\_\_ Relationship to you \_\_\_\_\_  
Family Contact Phone Number \_\_\_\_\_ Mortuary Preference \_\_\_\_\_

**rites requested**

Funeral Viewing (Y/N) \_\_\_\_\_ Funeral Vigil (Y/N) \_\_\_\_\_ Vigil Only \_\_\_\_\_ Vigil with Rosary \_\_\_\_\_  
Type of Service:  
Funeral Mass with Casket \_\_\_\_\_ Funeral Mass with Cremains \_\_\_\_\_  
Liturgy Outside the Mass (no Holy Communion) \_\_\_\_\_  
Memorial Mass (Mass with NO casket or cremains) \_\_\_\_\_  
Burial/Committal(Y/N/Not sure) \_\_\_\_\_ If yes, do you want a priest/deacon to Preside (Y/N/Maybe) \_\_\_\_\_  
Location of Burial \_\_\_\_\_

**readings requested**

First Reading \_\_\_\_\_ Reader for First Reading \_\_\_\_\_  
Responsorial Psalm \_\_\_\_\_  
Second Reading (Optional) \_\_\_\_\_ Reader for Second Reading \_\_\_\_\_  
Gospel Reading \_\_\_\_\_  
Prayer of the Faithful (H1) \_\_\_\_\_ (H2) \_\_\_\_\_ (H3) \_\_\_\_\_ (H4) \_\_\_\_\_ (H5) \_\_\_\_\_ (H6) \_\_\_\_\_ (H7) \_\_\_\_\_ Other \_\_\_\_\_  
Reader for Prayer of the Faithful \_\_\_\_\_

**music selections**

Music Preference: Guitar \_\_\_\_\_ Piano \_\_\_\_\_ Other \_\_\_\_\_  
Prelude Song (Optional) \_\_\_\_\_  
Gathering Song \_\_\_\_\_  
Offertory Song \_\_\_\_\_  
Communion Meditation Song (Optional) \_\_\_\_\_  
Closing/Recessional Song \_\_\_\_\_

**OTHER**

Presentation of the Gifts-Names of persons to bring up Offertory gifts \_\_\_\_\_

Knights of Columbus (N) \_\_\_\_\_ Yes, 4<sup>th</sup> Degree \_\_\_\_\_ Yes, 3<sup>rd</sup> Degree \_\_\_\_\_

Military(Y/N) \_\_\_\_\_ Branch of Military \_\_\_\_\_ Rank \_\_\_\_\_ Years \_\_\_\_\_

Italian Catholic Federation (ICF) (Y/N) \_\_\_\_\_

Would you like a reception at St. Clare after your funeral? (Y/N/Maybe) \_\_\_\_\_

Are there any other requests you want to make known regarding your funeral service? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My family is/is not authorized to make changes to my funeral service plan.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return this form to the Parish Office**